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CONFIRMATION NO.	1	CKET NO.	Y DO	ATTORNE	•		OR

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/974-602	10/09/2001	Leslie G. Christie JR.	10011666-1	7054

TITLE OF INVENTION: WORM MAGNETIC TAPE WITH CARTRIDGE MEMORY SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	Publication Fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	08/18/2005
EXAMINER		ART UN	T.	CLASS-SUBCLASS		
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CFR 1.563). Change of correspons Address form PTO/SB/4 Proc Address* indicate PTO/SB/47; Rev 03-02 Number is required.	ce address or indication of "F denoe address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO B	Correspondence ation form e of a Customer	(1) the na or agents (2) the na registered 2 registered listed, no	ating on the patent front pag- mes of up to 3 registered p OR, alternatively, me of a single firm (having attorney or agent) and the ed patent attorneys or agent mane will be printed. I (print or type)	as a member a	
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